

# Foster Family Home - Deficiency Report

Provider ID: 1-190082

Home Name: Pamela G. Miyashiro, RN

Review ID: 1-190082-6

2010 Pua'ala Lane

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 7/30/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date